

## Financial Capability Scale (FCS)

1. Do you **currently** have a personal budget, spending plan, or financial plan?

- Yes
- No

2. How **confident** are you in your ability to achieve a financial goal you set for yourself today?

- Not at all confident
- Somewhat confident
- Very confident

3. If you had an unexpected expense or someone in your family lost a job, got sick or had another emergency, how **confident** are you that your family could come up with money to make ends meet within a month?

- Not at all confident
- Somewhat confident
- Very confident

4. Do you **currently** have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings)?

- Yes
- No

5. Over the **past month**, would you say your family's spending on living expenses was **less than** its total income?

- Yes
- No

6. In the last **2 months**, have you been charged a late fee on a loan or bill?

- Yes
- No



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Source: Collins, J. Michael, and Collin O'Rourke. (2013) Financial Capability Scale (FCS), University of Wisconsin Madison, Center for Financial Security. doi: 10.5281/zenodo.57102

For more information, please visit <http://fyi.uwex.edu/financialcoaching/measures>

**Optional questions (not part of FCS score)**

**A1. How would you rate your current credit record?**

- Very bad
- Bad
- About average
- Good
- Very good

**A2. Do you currently have at least one financial goal?**

- Yes
- No